



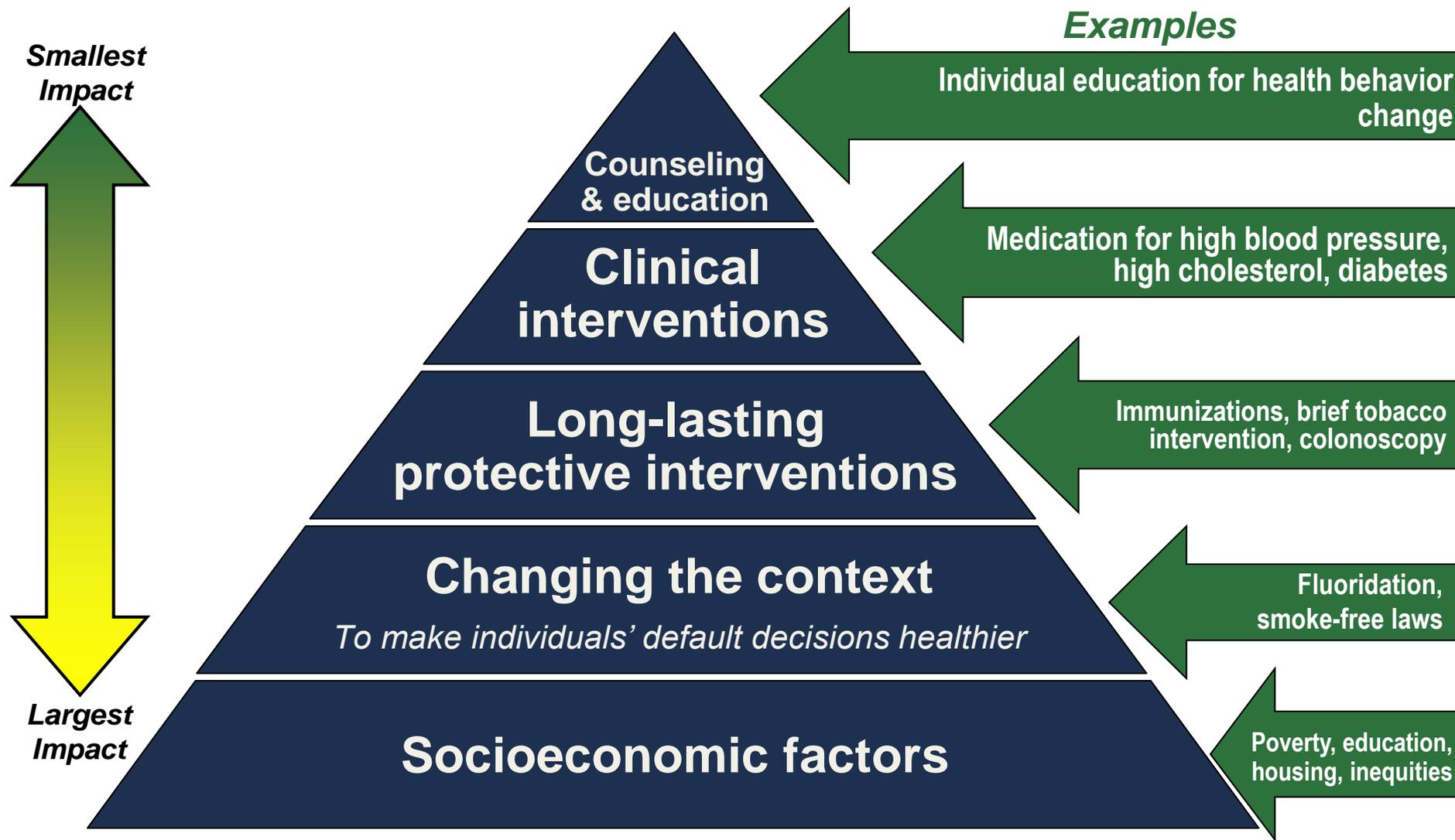
# kyhealthnow and the Medical Provider



**Kentucky Public Health**  
Prevent. Promote. Protect.

**Kentucky Department for Public Health  
WV Health Innovation Collaborative Quarterly Meeting  
Charleston, West Virginia  
September 11, 2015**

# Factors That Affect Health:





# What is kyhealthnow?

- Created in February 2014 by Executive Order 2014-114
- Targets seven major health goals (health insurance, smoking, obesity, cancer, cardiovascular disease, oral health, substance abuse/mental health)
- Includes multiple strategies to help achieve these goals by the year 2019
- Established an Oversight Team to monitor and efforts of the initiative and carry out the strategies needed to achieve the goals. This Team includes representatives from each Executive Branch Cabinet and key agency in the administration



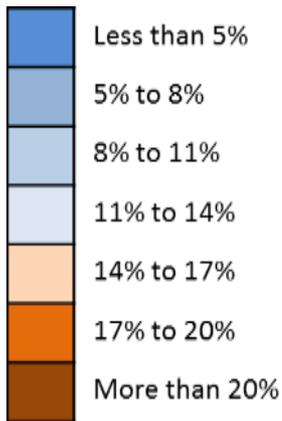
# kyhealthnow

## 2019 Goals

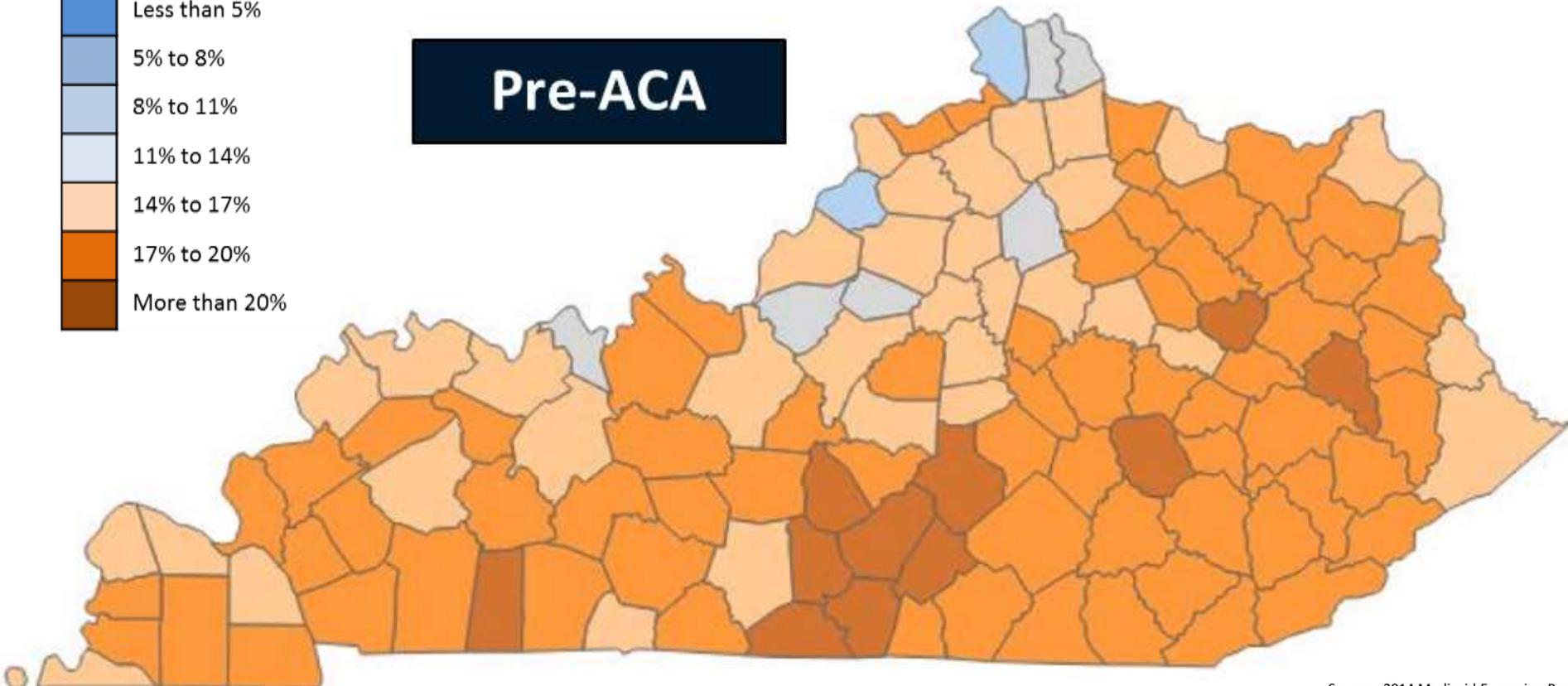
- Reduce Kentucky's rate of **uninsured individuals** to less than 5%.
- Reduce Kentucky's **smoking** rate by 10%.
- Reduce the rate of **obesity** among Kentuckians by 10%.
- Reduce Kentucky **cancer** deaths by 10%.
- Reduce **cardiovascular** deaths by 10%.
- Reduce the percentage of children with untreated **dental** decay by 25% and increase adult **dental visits** by 10%.
- Reduce deaths from **drug overdose** by 25% and reduce by 25% the average number of poor **mental health** days of Kentuckians.

# Reduce Kentucky's rate of uninsured individuals to less than 5%.

Goals	US Benchmark	KY Baseline	KY Current Year	Source	Trend
Reduce Kentucky's rate of uninsured individuals to less than 5%.	13.8% (2014)	20.4% (2013)	9.8% (2014)	Gallup Poll	↓

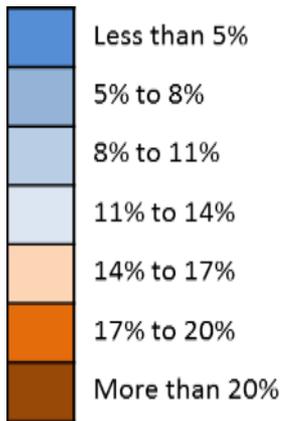


**Pre-ACA**

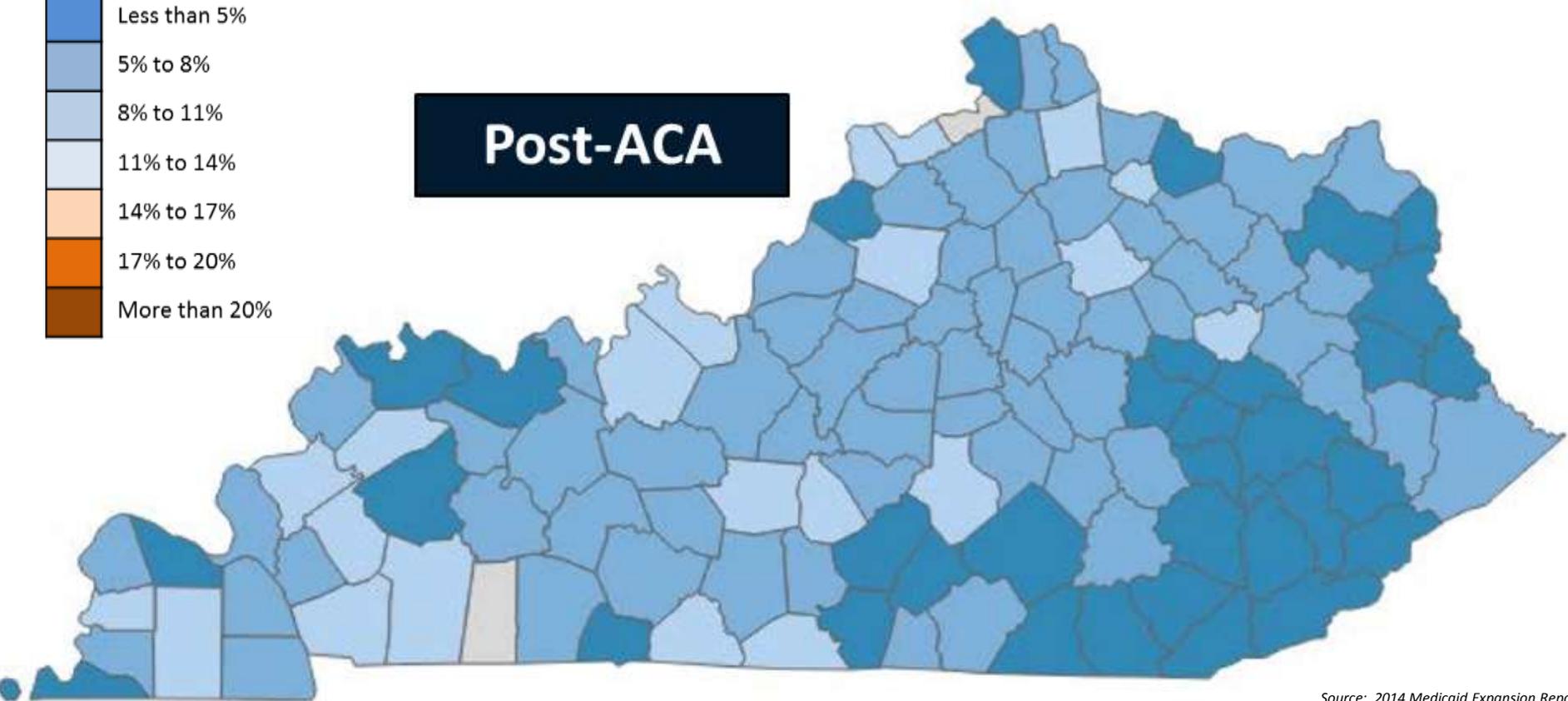


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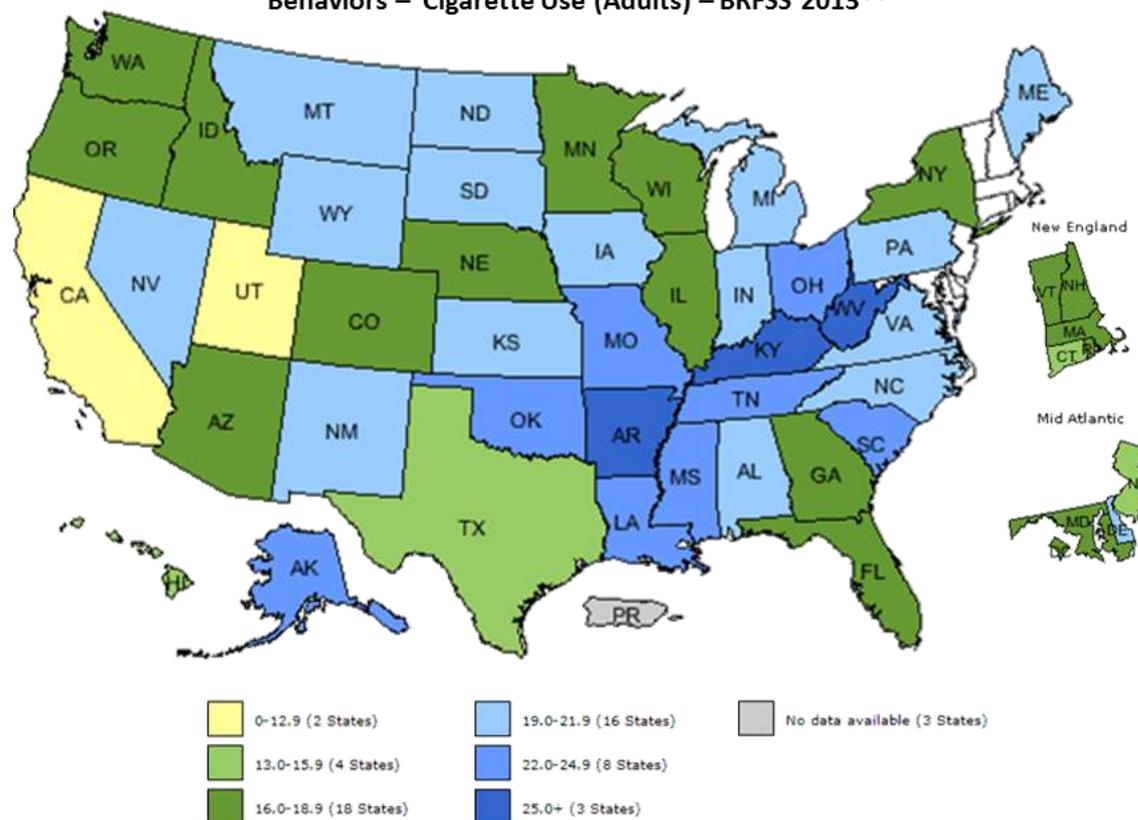
**Post-ACA**



# Reduce Kentucky's smoking rate by 10%.

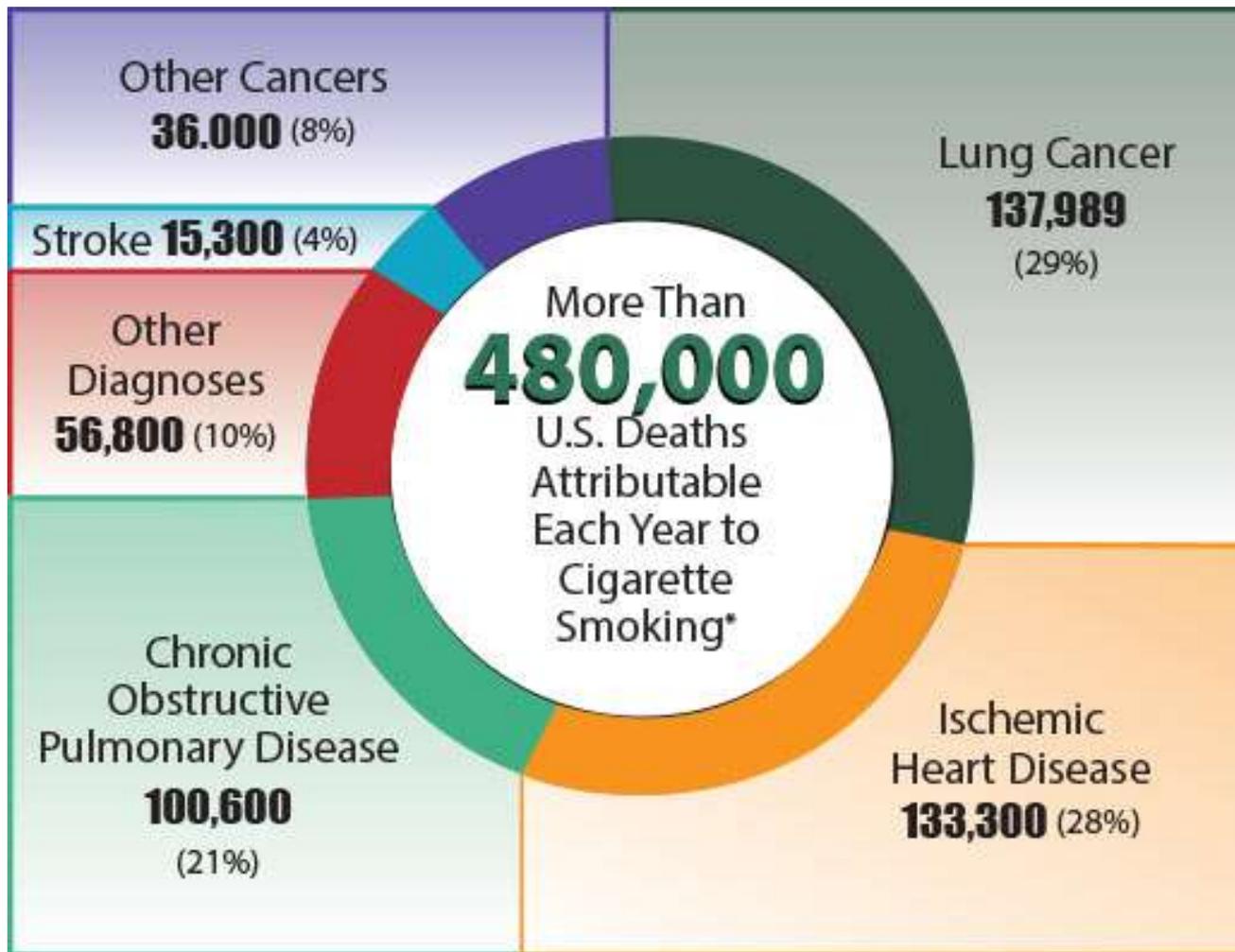
Goals	US Benchmark	KY Baseline	KY Current Year	Source	Trend
Reduce Kentucky's smoking rate by 10%.	19.0% adults (2013) 15.7% youth (2013)	26.5% adults (2013) 17.9% youth (2013)	26.1% adults (Prelim 2014) <i>Next update Fall 2015</i>	BRFSS <sup>†</sup> YRBSS <sup>‡</sup>	↓

State Tobacco Activities Tracking and Evaluation (STATE) System  
Behaviors – Cigarette Use (Adults) – BRFSS 2013\*\*



# Reduce Kentucky's smoking rate by 10%.

## One of CDC's "Winnable Battles"



# Reduce Kentucky's smoking rate by 10%.

## ***Expand tobacco-free policies to more executive branch property.***

- Executive Order 2014-747, effective November 20, 2014
- 5<sup>th</sup> state to institute such a policy
- 33,000 employees, hundreds of thousands of visitors
- 2,888 state-owned buildings, more than 26.4 million sq. ft.

## ***Support legislation to ban the sales of e-cigarettes to minors.***

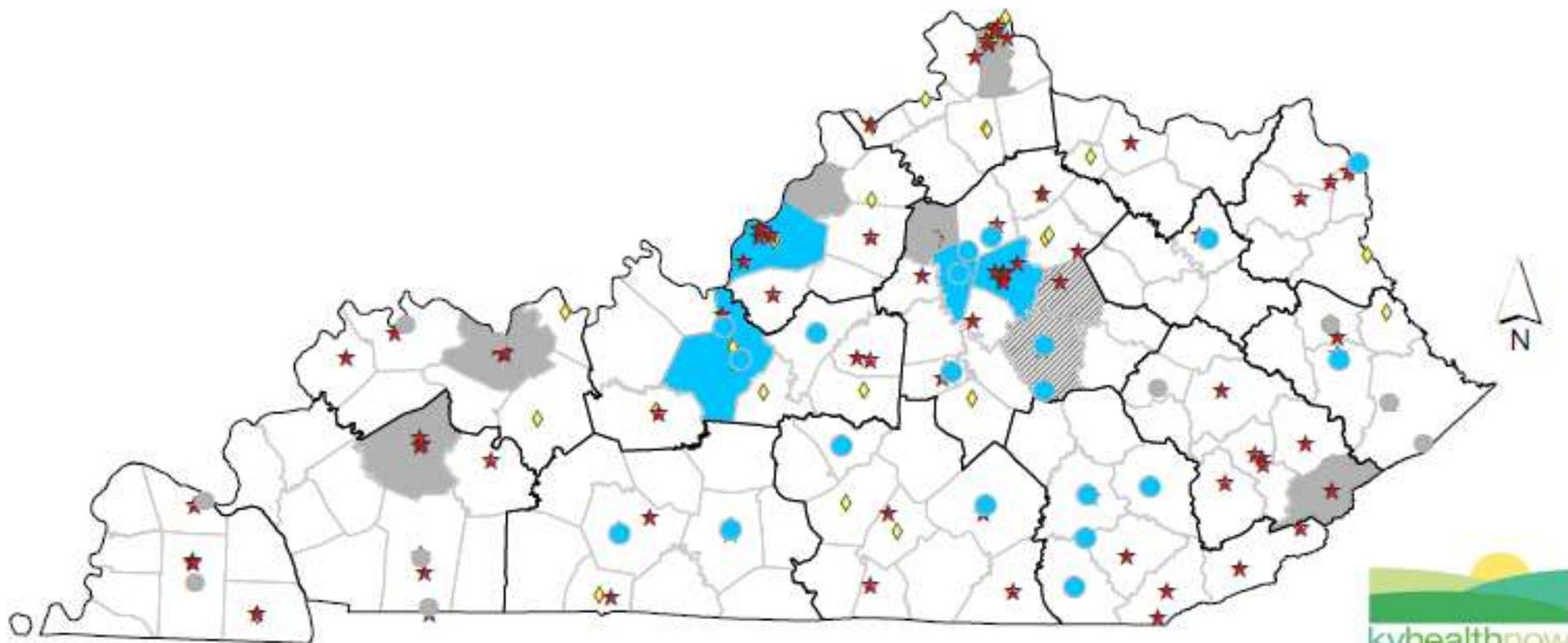
- SB 109, adopted during the 2014 Regular Session
- Prohibits the sales of all types of e-cigarettes to minors, regardless of whether the devices use nicotine.
- Kentucky became one of 40 other states who also prohibited the sale of e-cigarettes to minors



# Kentucky Counties and Communities

## Smoke-free Law Protections

32.5% of Kentuckians are protected by comprehensive local smoke-free ordinances



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### Smokefree Policy Strength

- No Protection
- Comprehensive Protection
- Protection with Exemptions
- Counties with unenforceable Board of Health regulations
- 100% Tobacco-free Public Schools
- Tobacco-free Higher Education



Map developed by Andrew Waters, MPH RS (rev. Jul 21, 2015)  
Policy data from the Kentucky Center for Smokefree Policy  
School data from the 100% Tobacco-Free Schools  
College and University data from Americans for Nonsmokers' Rights



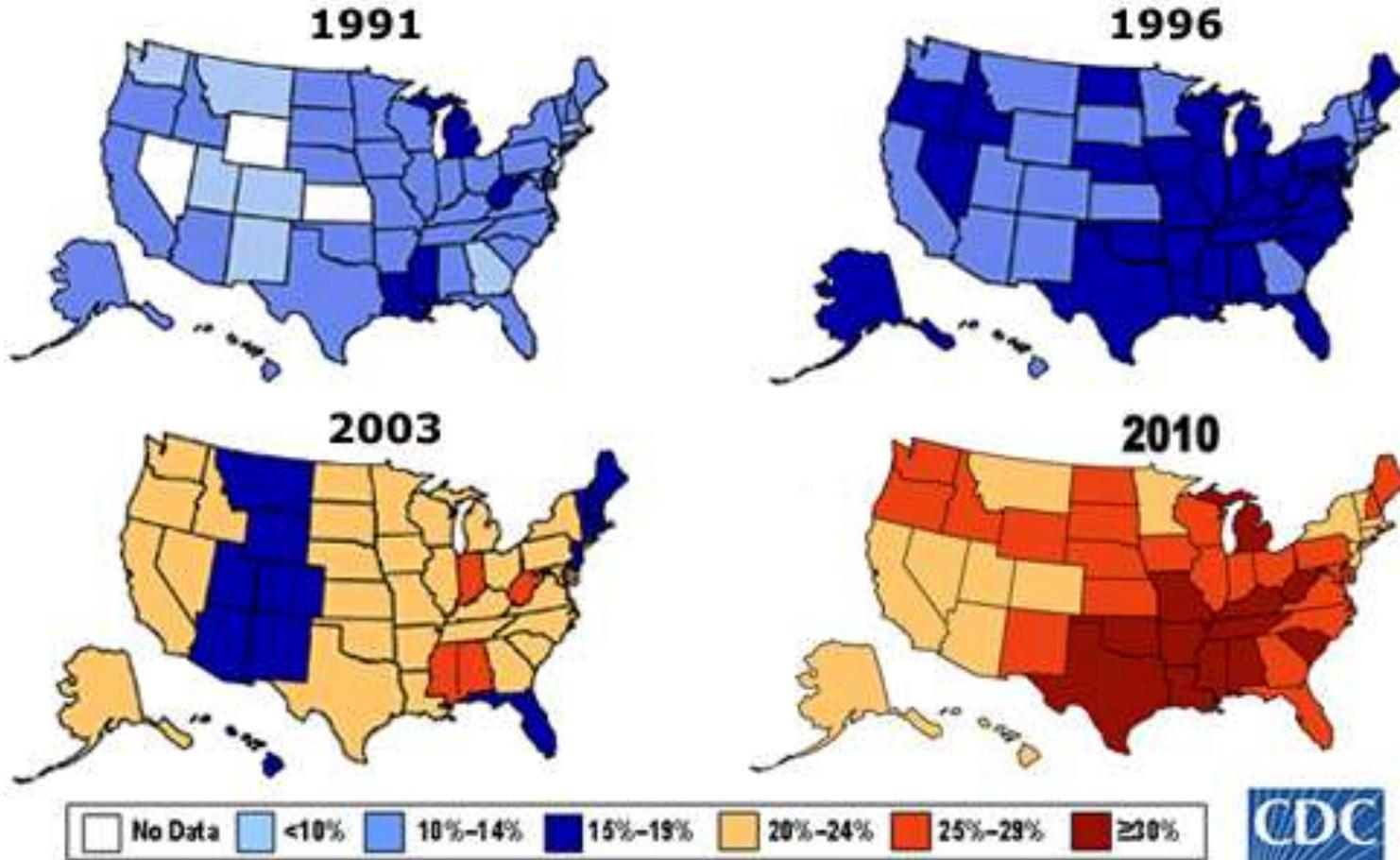
## Reduce Kentucky's smoking rate by 10%.

- ACA Cessation Benefit Standard: prescription coverage varies by plan as do potential barriers to cessation coverage.
- Smoking Cessation programs offered via all local health departments
- Quit Now Kentucky (FY 2015)
  - Call volume of 6,642 calls
  - 65,390 text messages sent to encourage and remind clients
  - Nearly 4 out of 10 calls from clients with Medicaid
  - Providers referrals can be made through an established fax procedure or through the website at [www.QuitNowKentucky.org](http://www.QuitNowKentucky.org).



# Reduce the obesity rate among Kentuckians by 10%.

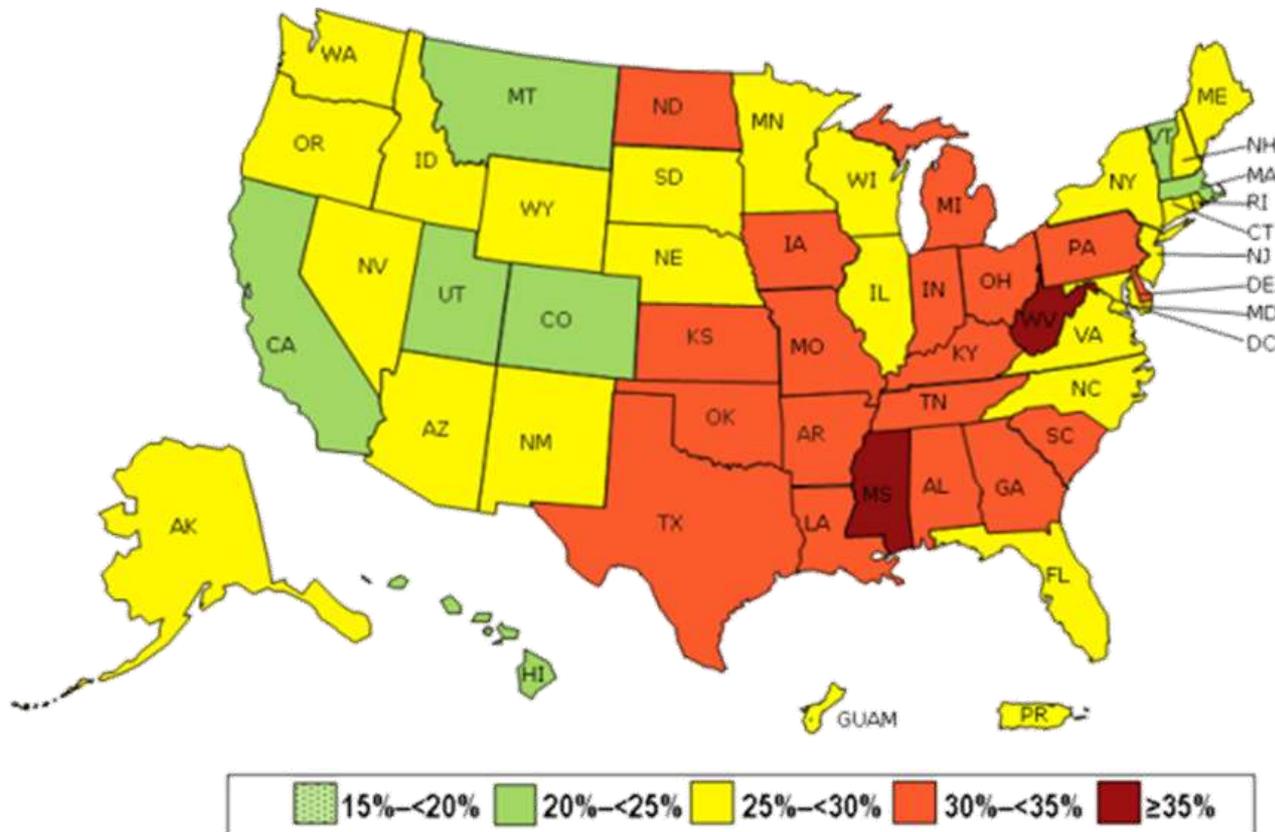
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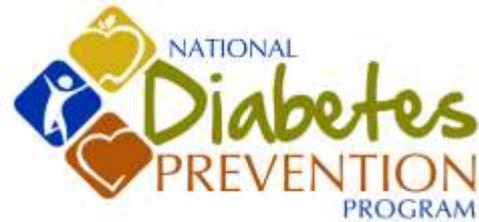
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Prevalence of Self-Reported Obesity Among U.S. Adults by State & Territory\*\*





# Reduce the obesity rate among Kentuckians by 10%.



## ***Double the number of enrollees in the Diabetes Prevention Program through those enrolling through kynect.***

- As of July 2015, 31 CDC recognized DPP Organizations
- 966 eligible participants were reported for Kentucky
- ↑ of 22 total organizations and 699 participants compared to baseline

## ***Certify 10 new “Trail Towns” through the Kentucky Office of Adventure Tourism by the end of 2015.***

- Current Total = 6 (Dawson Springs, Livingston, Morehead, Olive Hill, London, & Stearns)
- Anticipate 12 additional towns certified by the end of 2015





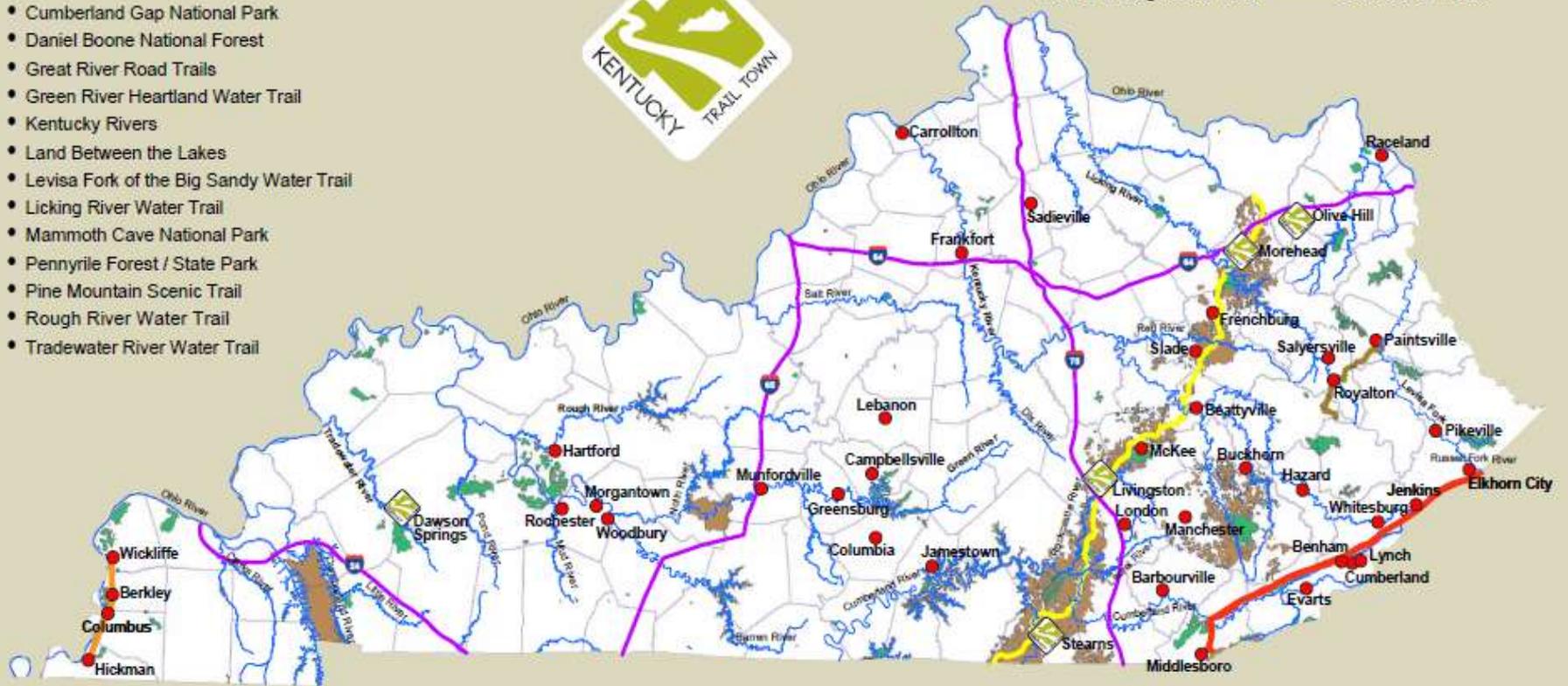
# KENTUCKY TRAIL TOWNS

## Trail and Recreational Resources

- Cumberland Gap National Park
- Daniel Boone National Forest
- Great River Road Trails
- Green River Heartland Water Trail
- Kentucky Rivers
- Land Between the Lakes
- Levisa Fork of the Big Sandy Water Trail
- Licking River Water Trail
- Mammoth Cave National Park
- Pennyriple Forest / State Park
- Pine Mountain Scenic Trail
- Rough River Water Trail
- Tradewater River Water Trail



- Certified
- Applicants
- National Park and Recreation Areas
- State Parks and Wildlife Management Areas
- River Trail Projects
- Interstate
- Dawkins Line Rail to Trail
- Great River Road Trails
- Pine Mountain Trail
- Sheltoewe Trace



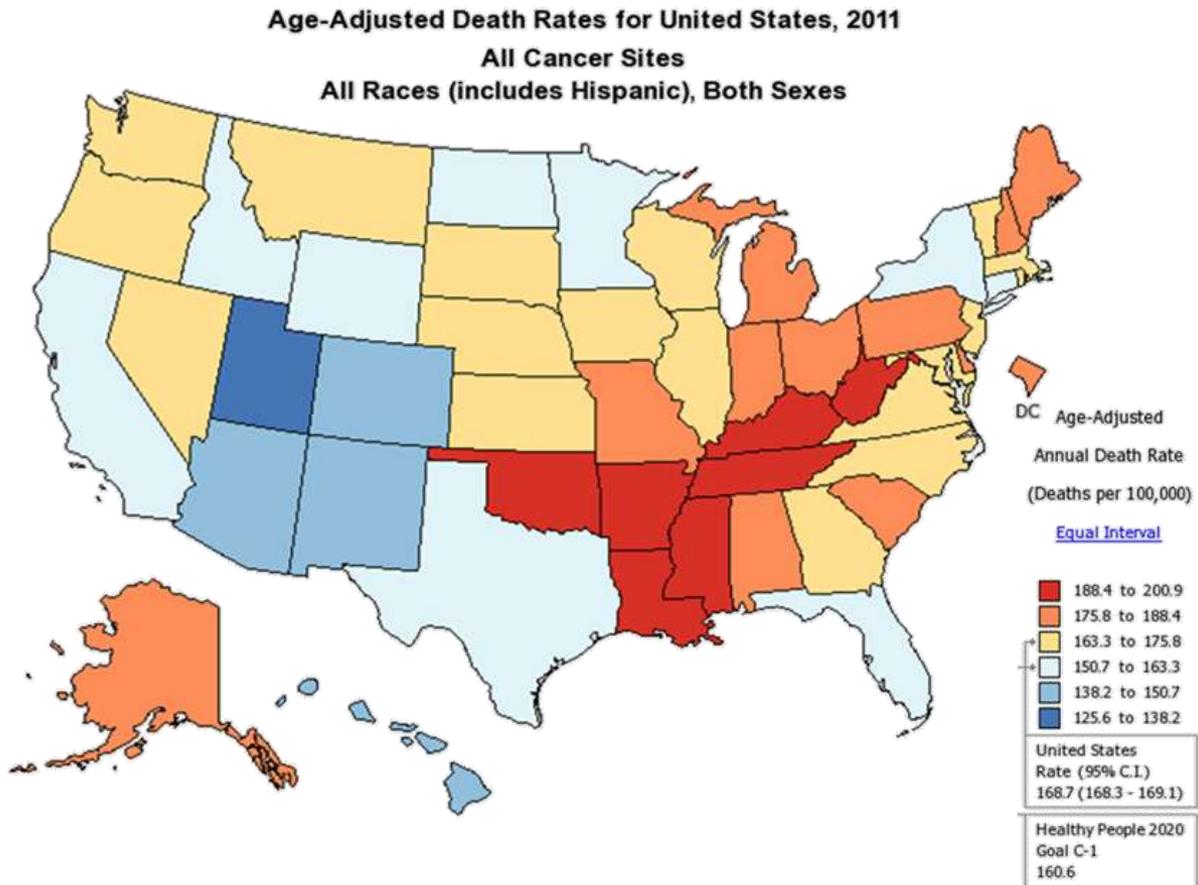
US Army Corps of Engineers





# Reduce Kentucky Cancer Deaths by 10%.

Goals	US Benchmark	KY Baseline	KY Current Year	Source	Trend
Reduce Kentucky cancer deaths by 10%.	168.7 per 100,000 (2011)	207.4 per 100,000 (2010)	200.9 per 100,000 (2011)	National Cancer Institute	↓



Source: 2011 National Cancer Institute State Cancer Profile

# Reduce Kentucky Cancer Deaths by 10%.

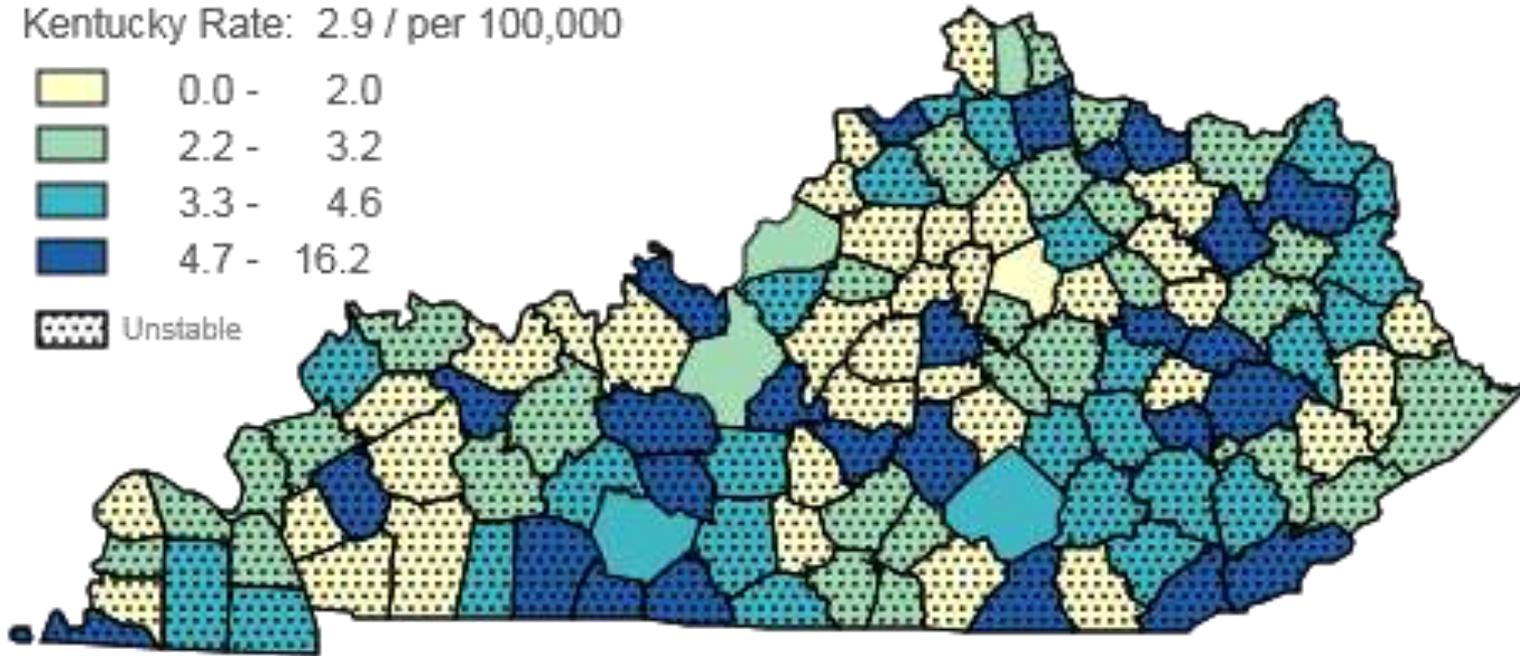
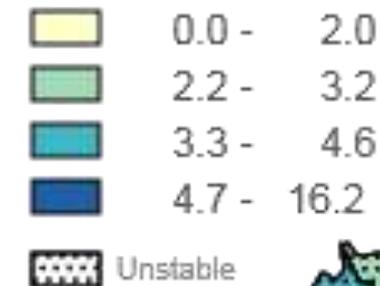
## Age-Adjusted Cancer Mortality Rates in Kentucky

Cervix Uteri, 2003 - 2012

By County

Age-Adjusted to the 2000 U.S. Standard Million Population

Kentucky Rate: 2.9 / per 100,000



All rates per 100,000.

Data accessed July 30, 2015. Based on data released October 28, 2013.

© 2015 Kentucky Cancer Registry.

# Reduce Kentucky Cancer Deaths by 10%.



## Stop HPV

The human papillomavirus – HPV – is an extremely common and serious health risk for Kentuckians. Certain strains of the virus cause cervical cancer, which kills more women in Kentucky than in many other parts of the country. Anyone can get HPV– and anyone can spread it – but it can be stopped by getting the vaccine. If you want to know more, particularly if you have children between the ages of 11 and 12 years old, talk to your health care provider and make a plan to get your child vaccinated. It will help stop HPV in its tracks – and prevent your child from developing one of the cancers associated with the virus.

## More info about HPV

HPV is an extremely common disease in the United States. About 79 million Americans are currently infected with HPV, and about 14 million people become newly infected each year. HPV is so common that most men and women will get at least one type of HPV at some point in their lives. There are many different types of HPV. Some can cause health problems, including a variety of cancers. Vaccinating against HPV is important because it can stop these health problems from happening. The vaccine is recommended for both girls and boys.

## Where can I get the vaccine?

The vaccine is offered in a variety of health care settings, including family practices and pediatric providers. Local health departments also provide the vaccine. If you are unsure if the vaccine is available in your community, call your provider or the health department for more information.

## Additional Resources

Infographic:  
[HPV Cancer Prevention](#)

Fact Sheet:  
[HPV Infection](#)

Fact Sheet:  
[HPV and Men](#)



<https://www.youtube.com/watch?v=mxWjBVYqaYU>



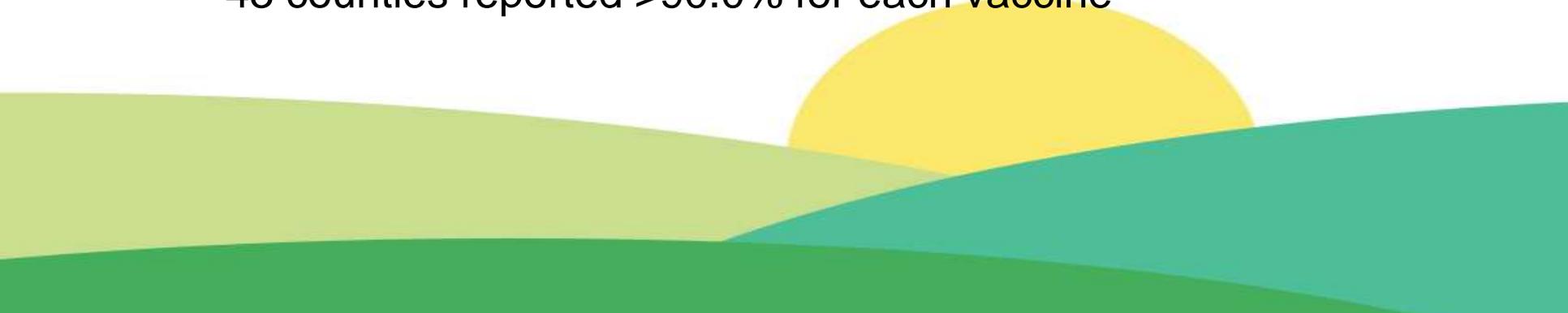
# Annual School Immunization Survey

- Distributed to all public and private schools:
  - Kindergarten
  - Sixth Grade
- Assesses age-appropriate immunizations using immunization certificates on file at the school

## Kindergarten

- 100% response rate
- 946 schools reported assessing 57,666 children
- 85 counties reported >90.0% for each vaccine

## Sixth Grade

- 97% response rate
  - 590 schools reported assessing 52,691 children
  - 43 counties reported >90.0% for each vaccine
- 

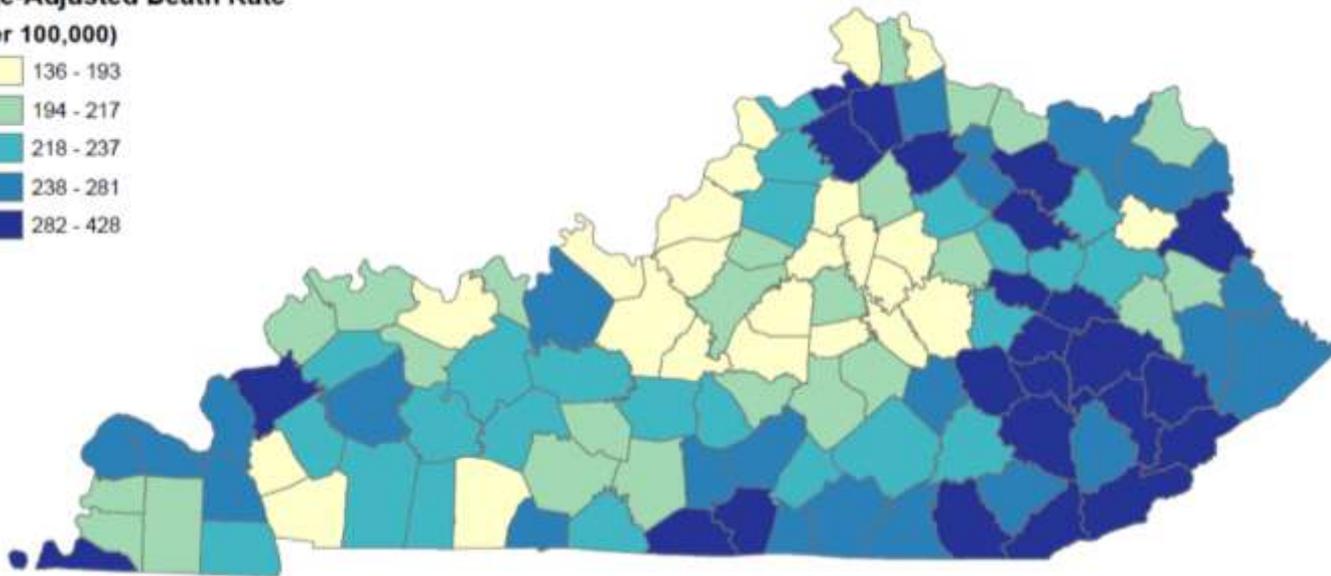
# Reduce Cardiovascular Deaths by 10%.

Goals	US Benchmark	KY Baseline	KY Current Year	Source	Trend
Reduce cardiovascular deaths by 10%.	221.6 per 100,000 (2013)	271.7 per 100,000 (2011)	260.3 per 100,000 (2013)	CDC Wonder	↓

## Kentucky Heart Disease Death Rates, 2009-2013

### Age-Adjusted Death Rate

(Per 100,000)



Data Source: 2009-2013 Centers for Disease Control and Prevention, National Center for Health Statistics, Compressed Mortality File 1999-2013 on CDC WONDER Online Database.

Author(s): Peter Rock, MPH

Date: 7/30/15

Contact Info: peter.rock@ky.gov

This map demonstrates the distribution of age-adjusted death rates due to disease of the heart as defined by CDC (ICD 10: I00-I09,I11,I13,I20-I51). Color bands are segmented based on equal quintiles with each color band representing 20% of the total number of counties.

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***Support the ongoing efforts of the Kentucky CARE Collaborative, a statewide effort designed to provide blood pressure awareness education within communities.***

- 2014 annual count shows 20,430 educational encounters
- 2,445 blood pressures improved to healthy zone
- 46 participating partner sites
- Each one of these numbers is a significant increase from the 2012 annual count

***Continue efforts to lower sodium intake in government-regulated facilities, given the link between sodium intake and cardiovascular disease.***

- 3 State cafeterias now offer Better Bites Options one day each week
- Cabinet for Health & Family Services, Capitol Annex, and Transportation Cabinet
- Requires each entrée to have less than 500 mg of sodium

## Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%.

Goals	US Benchmark	KY Baseline	KY Current Year	Source	Trend
Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%.	<i>No comparable benchmark.</i>	34.6% 3rd graders w/ untreated decay (2001)	<i>Data update unavailable.</i>	State Oral Health Survey	↑
	67.2% adults visited a dentist within the past yr. (2012)	60.3% adults visited a dentist within the past yr. (2013)	60.7% adults visited a dentist within the past yr. (Prelim 2014)	BRFSS <sup>†</sup>	

### ***Increase pediatric dental visits by 25% by the end of 2015.***

- Medicaid claims data show an increase from 255,831 children receiving dental visits in 2013 to 265,232 in 2014.

### ***Partner with Managed Care Organizations to encourage increased utilization of dental services.***

- Over 800,000 total claims were submitted via Medicaid for dental services in 2014.
- A total of \$18,075,000 was paid in revenue from Medicaid expansion to dental providers.
- Over 115,000 preventive dental services were provided to expansion members.

## Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%.

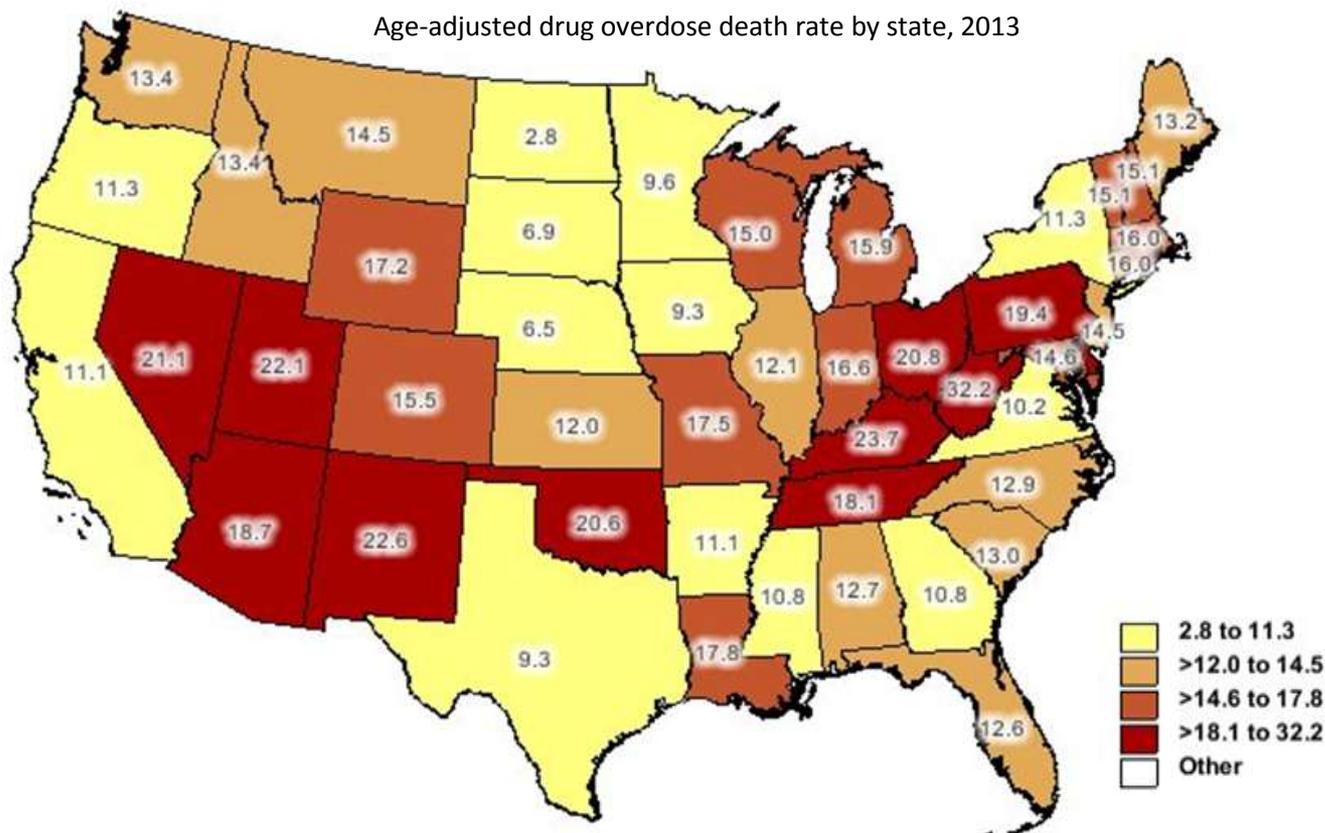
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### **Public Health Registered Dental Hygiene Program:**

- *Five local health departments (Lincoln Trail, Jessamine, Pike, Purchase, and Lawrence) funded through the 2014-2016 biennial budget as enacted by the 2014 General Assembly.*
- *Since starting the program approximately 2,600 patients have been seen and over 15,000 services have been provided.*

# Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians.

Goals	US Benchmark	KY Baseline	KY Current Year	Source	Trend
Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians.	13.8 per 100,000 (2013)	23.6 per 100,000 (2010)	23.7 per 100,000 (2013)	National Center for Health Statistics	↑
	3.7 days (2013)	4.5 days (2013)	4.5 (Prelim 2014)	BRFSS <sup>†</sup>	

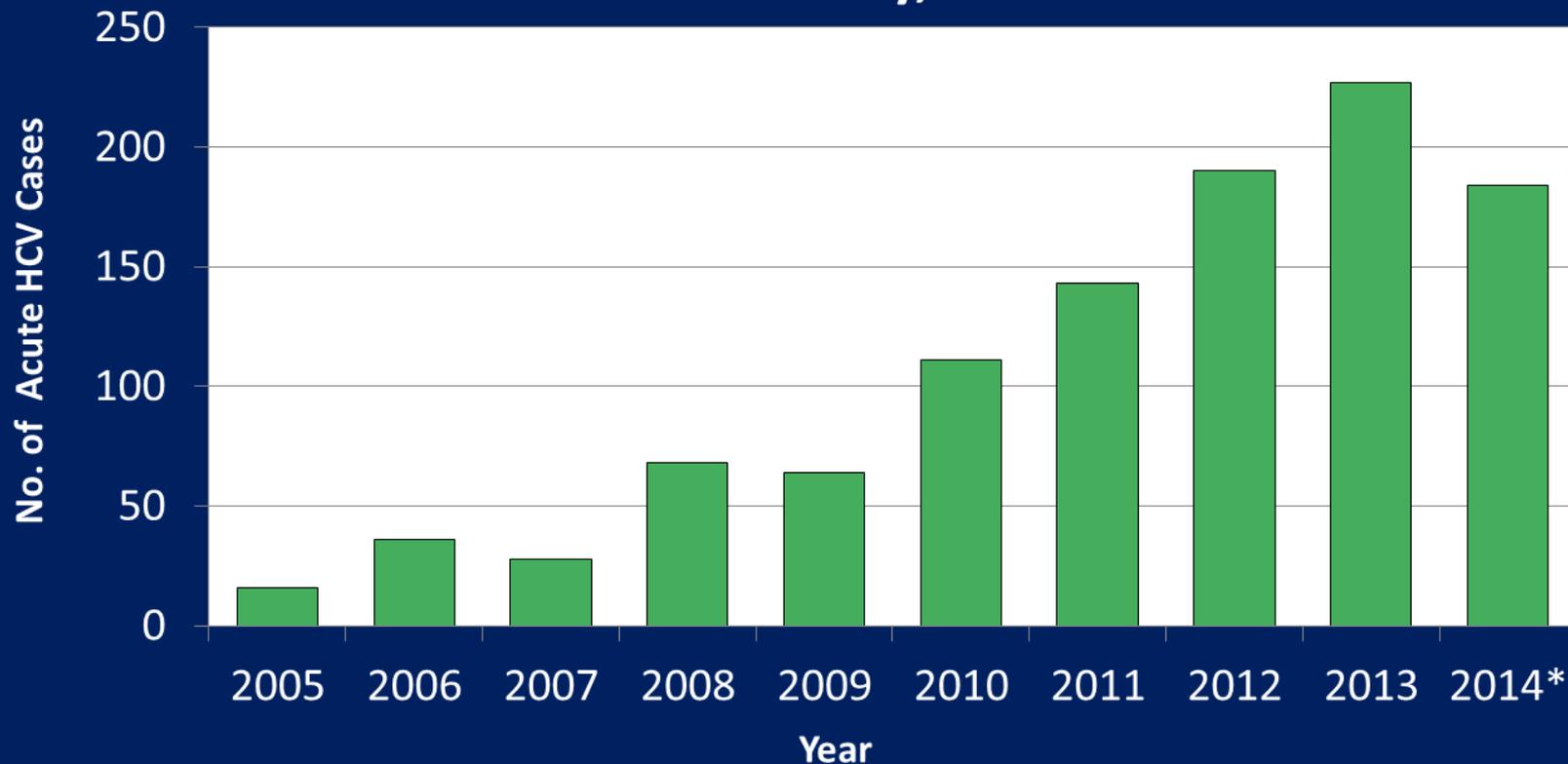


## Epidemiology of Hepatitis C in Kentucky:

- For 2013, Kentucky reported the highest rates of acute hepatitis C in the nation: 5.1 cases per 100,000.
- Acute hepatitis C rates in Kentucky *doubled* between 2010 and 2013.
- Though highest numbers of acute cases are found in the state's urban areas, rates are also increasing in rural areas.
- Half of all acute hepatitis C cases in 2014 in Kentucky were in the 21-30 year age group.
- An estimated 50,000 Kentuckians live with chronic hepatitis C.

Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians.

## Number of Acute Hepatitis C Virus (HCV) Cases in Kentucky, 2005-2014



\*Case counts in 2014 are preliminary.

Data Source: National Electronic Disease Surveillance System.. Confirmed cases of Kentucky residents.  
Data current as of July 14 ,2015.

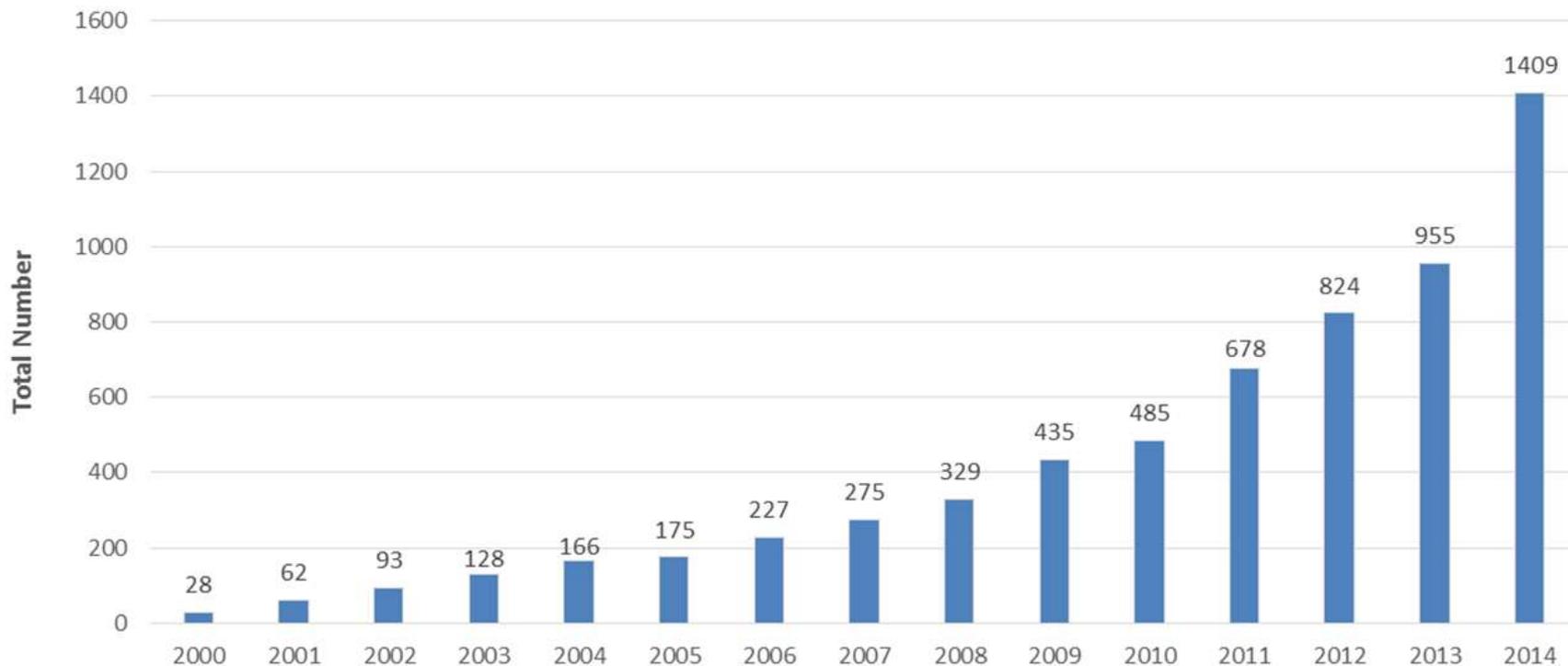
## Hepatitis C and Drug Abuse in Kentucky:

- Injection drug use is #1 risk factor for hepatitis C.
- In 2013, Kentucky had the second highest age-adjusted drug overdose mortality rate.
- From 2011 to 2014, hospitalizations in Kentucky for neonatal abstinence syndrome *doubled*.
- May 8, 2015 *MMWR* article: Increases in Hepatitis C Virus Infection Related to Injection Drug Use Among Persons Aged  $\leq 30$  Years — Kentucky, Tennessee, Virginia, and West Virginia, 2006–2012.

Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians.

## Increasing Hospitalizations for Neonatal Abstinence Syndrome in Kentucky

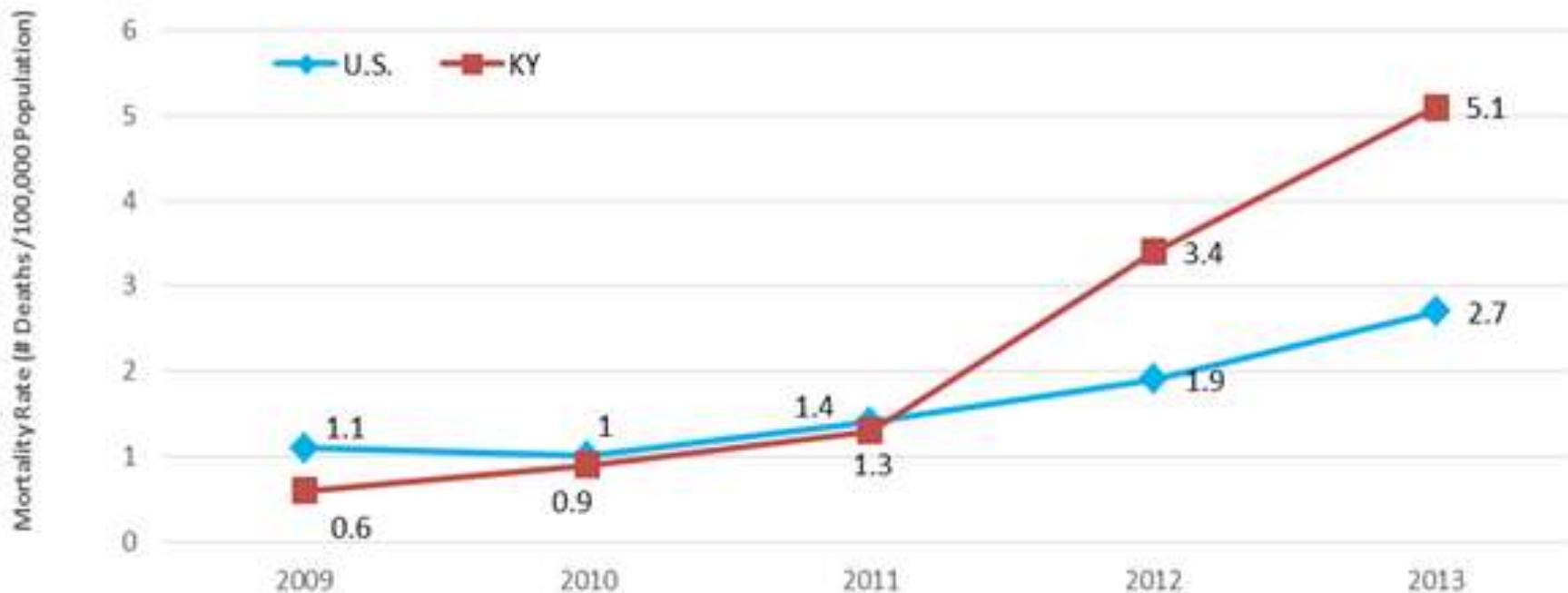
Kentucky Resident Neonatal Abstinence Syndrome Hospitalizations, 2000-2014



Produced by the Kentucky Injury Prevention and Research Center, June 2015. Data source: Kentucky inpatient hospitalization discharge data, Office of Health Policy. Data for 2011-2014 are provisional and subject to change.

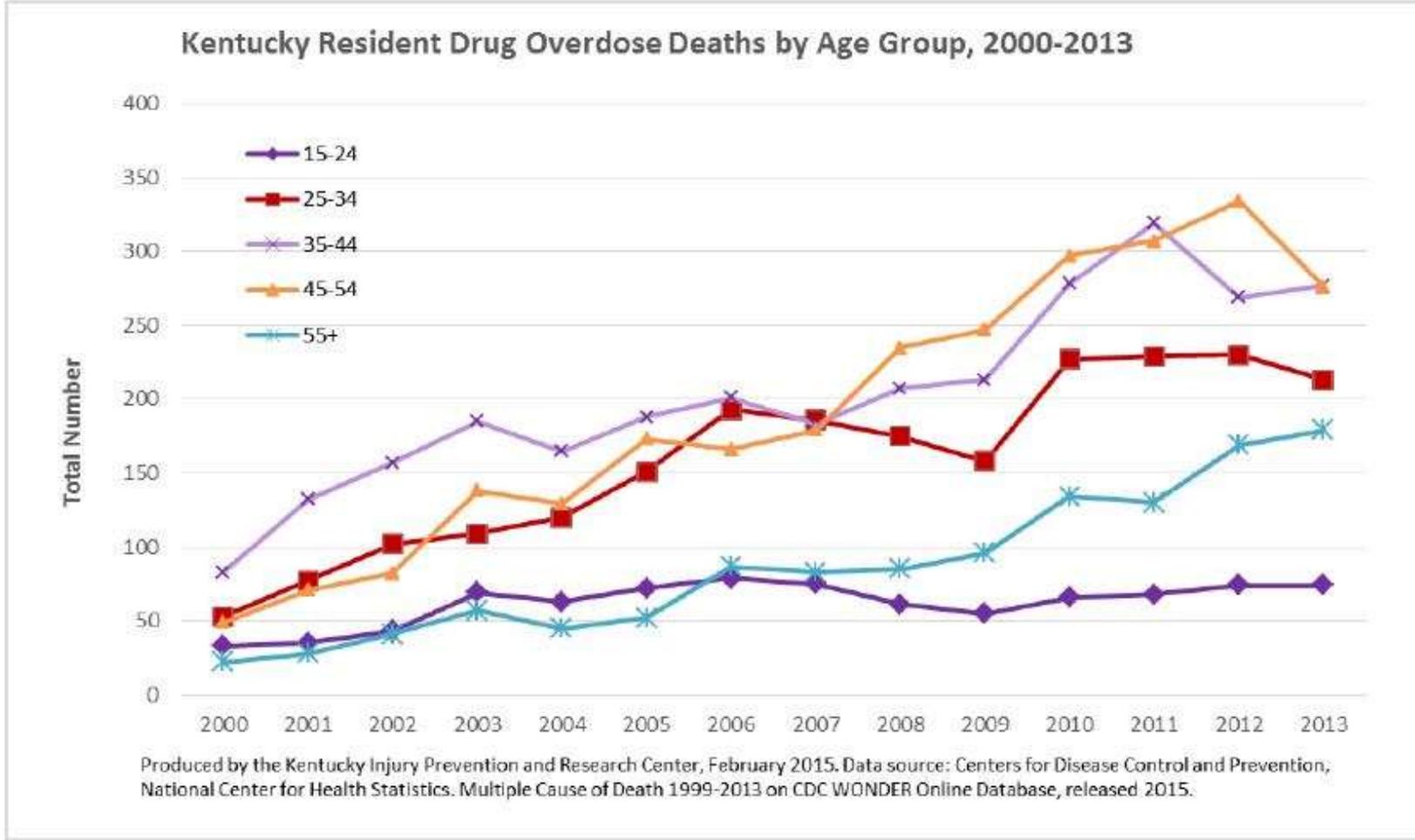
## Rising Heroin Drug Overdose Rates in Kentucky

Age-Adjusted Rate for Drug Overdose Deaths Involving Heroin, 2009-2013



Produced by the Kentucky Injury Prevention and Research Center, February 2015. Data source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015.

# Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians.



## Harm Reduction & Syringe Exchange Program (HRSEP):

- SB 192 enacted on March 24, 2015; Optional program
- Allows for local health departments (LHDs) to operate a substance abuse treatment outreach program which allows participants to exchange hypodermic needles and syringes. Must have approval of the LHDs Board of Health, city and/or county governments prior to program implementation.
- KDPH convened a workgroup of stakeholders including LHD leadership, hospitals, the Justice Cabinet, the Department for Behavioral Health and Developmental and Intellectual Disabilities, Centers for Disease Control and Prevention, and Public Health leadership.
- Guidance provides a framework for LHDs to develop their own protocols and implement a HRSEP program in their community.
- No federal funds can be used; no state general funds available.
- **Program Goals:**
  - Provide clean needles for exchange and access to dispose of dirty needles
  - Provide access to screening and testing for bloodborne pathogens(HIV, Hep B & C)
  - Provide access to community resources including substance abuse treatment

Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians.

***Expand access to naloxone by 100% among first responders and medical professionals to enable rapid administration of this life-saving treatment.***

- Pilot naloxone rescue kits project via the University of Louisville Hospital, University of Kentucky Hospital in Lexington, and St. Elizabeth Hospital system in Northern Kentucky.
- Kits are provided free of charge to every treated and discharged overdose patient.
- Expected to save the lives of at least 200 Kentuckians.

***Create a more comprehensive and open access behavioral health network and increase by 25% the number of behavioral health providers eligible to seek reimbursement from Medicaid by the end of 2015.***

- More than 300 new behavioral health providers have been added to the network in 2014.
- More than 670 Medicaid providers rendered substance use treatment services for Medicaid members in 2014.



# 2015 kyhealthnow Scorecard

Goals	US Benchmark	KY Baseline	KY Current Year	Source	Trend
Reduce Kentucky's rate of uninsured individuals to less than 5%.	13.8% (2014)	20.4% (2013)	9.8% (2014)	Gallup Poll	↓
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NOTES: Data released March 12, 2015.

<sup>†</sup> Behavioral Risk Factor Surveillance System (BRFSS); <sup>‡</sup> Youth Risk Behavior Surveillance System (YRBSS)

2014 Preliminary KY BRFSS data was used in the table above; waiting for release of final version from CDC. Where available, 2013 KY BRFSS & YRBSS rates were used for the KY baseline.



Kentucky Department for Public Health  
Cabinet for Health & Family Services  
(502) 564-3970



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[kyhealthnow.ky.gov](http://kyhealthnow.ky.gov)



# Infrastructure Modernization Efforts:

## VII. SIM Model Design Initiative



Workgroups
Increased Access
Integrated Coordinated Care
Quality/ Strategy Metrics
Payment Reform
HIT Infrastructure
Workgroups

# Infrastructure Modernization Efforts:

## VII. State Innovation Model (SIM) Model Design Initiative

Task	2015											2016
	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.
	<b>Stakeholder Engagement</b>											
<b>Phase 1: Define</b> <ul style="list-style-type: none"> <li>Finalize roles and responsibilities</li> <li>Identify goals and objectives</li> <li>Generate innovation ideas for payment and delivery reform</li> </ul>												
<b>Phase 2: Develop Model Design</b> <ul style="list-style-type: none"> <li>Identify components of redesigned system</li> <li>Leverage existing initiatives in support of Model Design</li> <li>Reach consensus on Model Design</li> </ul>												
<b>Phase 3: Develop Financial Model</b> <ul style="list-style-type: none"> <li>Develop financial savings estimate</li> <li>Identify regulatory requirements for supporting new model design</li> <li>Reach consensus on cost savings</li> </ul>												
<b>Phase 4: Finalize State Innovation Model</b> <ul style="list-style-type: none"> <li>Develop implementation strategy</li> <li>Finalize budget for testing</li> <li>Submit Model Design</li> </ul>												